STATE OF MARYLAND—CERTIFICATE OF DEATH

09151

1. PLACE OF DEATH

County Prince George Registration Dist. No. 237

Village or City Aquasco No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Adams If U. S. Veteran, specify WAR

(a) Residence: No. Aquasco St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Feb. 28, 1864

7. AGE Years 75 Months 6 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own farm.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation Lfe

12. BIRTHPLACE (city or town) (State or country) Aquasco, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Martel Adams (Address) Aquasco

18. BURIAL, CREMATION, OR REMOVAL Place St Phillips Cemetery Date Sept 15th, 1939

19. UNDERTAKER Melvin & Shearer & Co (Address) 4th & R. N. W. Wash D.C.

20. FILED Sept 13, 1939 Henry B. Cache Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 13 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sep. 12, 1939, to Sept 13, 1939

I last saw her alive on Sept 13, 1939; death is said to have occurred on the date stated above, at 9:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 12

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hugh D. Vazzana M. D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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OCT 6 1927
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09152

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Pro Georges Co. (937) Registration Dist. No. 231

Village or City Cottage City Md No. 37 Central Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jamar Franklin Anderson

(a) Residence: No. 37 Central Ave St., Cottage City Md Ward

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Anderson

6. DATE OF BIRTH (month, day, and year) May 15, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
77	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Machanic

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Samuel Boyd

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Lavena Boyle

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs Wm F Tucker (Address) Cottage City Md

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Date Sept 16, 1939

19. UNDERTAKER L Gasch's Sons (Address) Hyattsville Md.

20. FILED Sept 15, 1939 F Wm Norgle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 13 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1939, to Sept 13, 1939

I last saw him alive on Sept 13, 1939; death is said to have occurred on the date stated above, at 5:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation.	
Other Contributory Causes of Importance:	
Chronic Myocarditis; duration: over a year.	

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Louis H. Jensal M. D.

(Address) Cottage City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85-00)

09153

CERTIFICATE OF DEATH

Reg. Diat. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pr. Geo Co.
City or town Ritchie
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Prince Geo Co Alms House
Stay in hospital or inst. (yrs., or mos., or days) 14 years
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo.
City or town Beltsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Bacon

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
apprx. 70			hrs. min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden name
15. Birthplace
16. Informant Please see reverse
Address
17. (Burial, cremation, or removal. Which?) Date thereof 9/30/39 (month) (day) (year)
Cemetery or crematory Co Alms House
Location near Ritchie
18. Funeral director Ritchie Bros
Address Upper Marlboro
19. Sept. 30 1939 (Date rec'd by registrar) Thos D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1939 at 11:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1939 to Sept 29 1939 and that I last saw h in alive on Sept 27 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	14 yrs
Due to arteriosclerosis	14 yrs
Due to	
Other conditions Decubitus ulcers Exhaustion	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

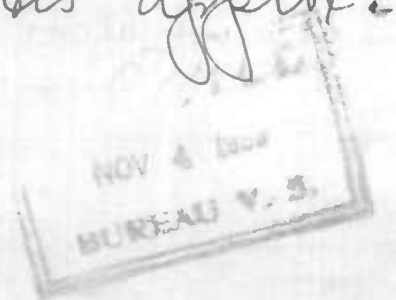
PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Smit Ritchie MD
M. D. or other
Address Rte 1 Bennings Sta D.C. Date signed Sept 29 1939

9/29/39

When this individual was admitted in 1925 he could not talk or write no friends or relatives could be found The Supt of Pr Geo Co Alms House is now deceased as is Summerfield D. Hall the person who certified as to his destitute circumstances. Every effort has been made to obtain some personal history, but with no success. His approx. age is 70.



W. Sint Ritchie MD.
Physician to
Pr Geo Co Alms House
Rte 1 Benning Sta DC.
Phone Hillside 0515

NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09154

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 11 mo. 21 d
Stay in this community (yrs., or mos., or days): 11 mo. 21 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1433 Maryland Ave. N. E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Paul Belt

3. (b) Social Security Number: None

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan. 5, 1917

8. AGE: Years: 22 Months: 8 Days: 20 If less than one day: hrs. min.

9. Birthplace: Boston, Mass (Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business:
FATHER
12. Name: Paul Belt
13. Birthplace: Leesburg, Va.
MOTHER
14. Maiden name: Augusta Keltershofer
15. Birthplace: Washington D. C.
16. Informant: Deceased.
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 27, 1939 (month) (day) (year)
Cemetery or crematory: Prospect Hill Cemetery
Location: Washington, D. C.
18. Funeral director: W. W. Deal by H. J. Sharp
Address: 4812 Gal. Ave. N. W.
19. Sept 26 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1939, at 4 20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1938, to Sept 25 1939, and that I last saw him alive on Sept 25, 1939 19
Immediate cause of death: acute Mediastinal abscess Strepococcus in origin — DURATION: 10 days.
Due to: Deceased was a tuberculous patient, at Glenn Dale, C.W.G.R.
Due to: Pleurisy, with effusion, tuberculous in origin.
Other conditions: Multiple brain abscesses
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: 2 mediastinal abscess, Brain abscesses.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 9/25/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
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STATE OF MARYLAND—CERTIFICATE OF DEATH

09155

1. PLACE OF DEATH

County Prince George's (932) Registration Dist. No. 1245

WITHIN CORPORATE LIMITS Village or City Hyattsville No. 2½ Johnson Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred 23 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Brock If U. S. Veteran, specify WAR

(a) Residence: No. 2½ Johnson Ave St., Ward. Hyattsville Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Iris M. Brock

6. DATE OF BIRTH (month, day, and yaar) May 19, 1879

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
60	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General

10. Date deceased last worked at this occupetion (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) near Beltsville, Md (State or country)

FATHER

13. NAME Benjamin R. Brock

14. BIRTHPLACE (city or town) North Carolina (State or country)

MOTHER

15. MAIDEN NAME Rebecca J. Thompson

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Iris M. Brock

(Address) Hyattsville, Md

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Washington D.C. Date 9/18, 1939

19. UNDERTAKER H. Gasch's Sons

(Address) Hyattsville, Md

20. FILED Sept 17th, 1939 Mrs. Jas. Severe Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 16 (Month) (Dey) 1939 (Year)

22. I HEREBY CERTIFY, That I attended daceased from May, 1938, to September 16, 1939

I last saw h... alive on September 15, 1939; death is said to hava occurred on tha date stated abova, at 12 10 A.m.

Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other Contributory Causes of importence: Arteriosclerosis	1935

Name of operetion — Date of —

What tast confirmad diagnosis? — Was thare an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicida? — Date of Injury —, 19—

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) Wm. Allen Griffith M. D.

(Addrass) Berwyn, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09156

1. PLACE OF DEATH 107-a

County Prince Geo Registration Dist. No. 239

Village or City Laurel Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey B. Brown If U. S. Veteran, specify WAR

(a) Residence: No. Rear Laurel Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 19-39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — ff. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Md Howard Co (State or country)

FATHER

f3. NAME Aubrey Brown

f4. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Margaret Harding

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Aubrey Brown (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date Sept 25, 1939

19. UNDERTAKER Loyd Talley (Address) Laurel Md.

20. FILED Sept 26, 1939 Conn E Wachter, Deputy. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1939, to Sept 23, 1939

I last saw him alive on Sept 23, 1939; death is said to have occurred on the date stated above, at 8:15 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Congenital Heart	
Disease	8-19-39
Bronchopneumonia	9-15-39

Other **Contributory Causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) J. M. Carey M. D.

(Address) Laurel Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09157

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93)

County Prince Georges Registration Dist. No. 240

Village or City Baden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Sullivan Wood Carr If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ James H. Carr

6. DATE OF BIRTH (month, day, and year) Dec 12-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Northkeys (State or country) Md.

FATHER

13. NAME Peter Wood.

14. BIRTHPLACE (city or town) Pr Ges Co (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Johns Bkenner

16. BIRTHPLACE (city or town) Pr Geys Co Md. (State or country)

17. INFORMANT Stuart Carr (Address) Baden

18. BURIAL, CREMATION, OR REMOVAL Croom, Md. Date Sept 5, 1939

19. UNDERTAKER Fletcher Brothers (Address) Upper Marlboro, Md.

20. FILED Sept 3, 1939 F. H. Billingsley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended daceased from Aug 28, 1939 to Sept 1, 1939

I last saw her eliva on Sept 1, 1939; death is said to have occurred on the date statad above, at 2:00 a.m.

The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Chronic Myocarditis	

Other Contributary Causes of importanca:

Nama of operation Date of

What tast confirmed diagnosis? Was there an eutopsy?

23. If deeth wes due to extarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Netura of injury

24. Was diseasa or injury in any wey related to occupation of deceased?

If so, specify

(Signed) William H Gibbons M. D.

(Address) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

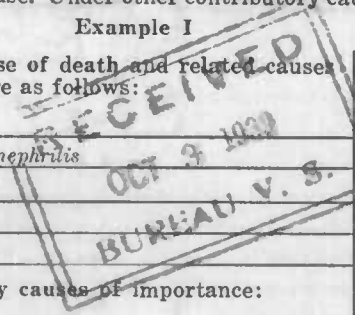
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09158

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1309 10th ST N.W. Wash D.C.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Verona Helena Carter

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife: Single

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29, 1916

8. AGE:

Years	Months	Days	If less than one day
23	1	20	hrs. min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: Student

11. Industry or business:

FATHER — 12. Name: Jas. Carter

13. Birthplace: Brownsburg, Va

MOTHER — 14. Maiden name: Helena Cerbera

15. Birthplace: Wash. D.C.

16. Informant: Deceased.

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept. 22 1939 (month) (day) (year)

Cemetery or crematory: Warrenton, Va

Location:

18. Funeral director: Dubert G. McClain

Address: 1820 - 9th St N.W.

19. Sept. 18 1939 (Date rec'd by registrar) W. L. Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18th 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7th 1939, to Sept 18th 1939 and that I last saw h[illegible] alive on Sept 18th 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed:

Glenn Dale, Md.

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OCT 4 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

09159

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George

City or town Cheltenham
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) — 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Cheltenham Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John A. Christianson

3. (b) Social Security Number —

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Josephine Christianson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 9 - 1872

8. AGE: Years 66 Months 10 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Sweden
(Town, county, and state)

10. Usual occupation Retired Baker

11. Industry or business

FATHER
12. Name Christian Anderson
13. Birthplace Sweden

MOTHER
14. Maiden name Nellie —
15. Birthplace Sweden

16. Informant Mrs. John A. Christianson
Address Cheltenham, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory

Location Orlanda, Florida

18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.

19. Oct 13 1939 Raymond Smith
(Date rec'd by registrar) Registrar

"Hermetically Sealed"

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1939, at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 22 1939 to Sept 22 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death acute myocardial failure — DURATION 1 day

Due to Chronic myocarditis with considerably enlarged

Due to to left. Probably due to general arteriosclerosis — unknown

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of ____

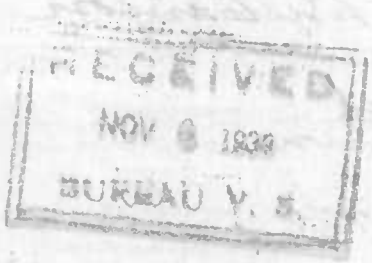
Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C. Van Natta M.D.
M. D. or other

Address Bennings D.C. 1941 Date signed 9/23/39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NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09160

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt. Rainier Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3200 Cedar St. Mt. Rainier Md.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Since 1904

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Mt. Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3200 Cedar St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Arnold Cleeves

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband/wife: Lillie May (McNearney) Cleeves

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 12, 1870

8. AGE:

Years	Months	Days	If less than one day
68	9	19	hrs. min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: (Retired) Machinist

11. Industry or business: Washington Navy Yard

FATHER
12. Name: Arnold Cleeves
13. Birthplace: Hamburg, Germany

MOTHER
14. Maiden name: Alice O'Malley
15. Birthplace: Ireland

16. Informant: (Widow) Mrs Lillie May Cleeves
Address: 3200 Cedar St. Mt Rainier Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 4 39 (month) (day) (year)

Cemetery or crematory: Rock Creek

Location:

18. Funeral director: M. J. Huntsman

Address: 5432 Ga Ave

19. 9/2 (Date rec'd by registrar) 19 39 Thos Colby M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-16 1939, to 9-1 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death: Acute cardiac dilatation
c Pulmonary edema — DURATION: 15 days

Due to: Coronary sclerosis

Due to: associated with Arterial hypertension

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Maurice D. Rosenberger M.D.
3629 - 34th St.
M.D. or other

Address: Mt Rainier Md. Date signed 9/1/39

RECEIVED
SEP 13 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09161

1. PLACE OF DEATH (97)

County Prince George Registration Dist. No. 245

Village or City Hyattsville No. Sacred Heart Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? 52 yrs. mos. ds.

2. FULL NAME Margaret Coen If U. S. Veteran, specify WAR

(a) Residence: No. 401 Tuscarora Rd (Usual place of abode) St. Roland Park Ward. Baltimore Md If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 9, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Andrew Coen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridgett McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Deceased (Address)

18. BURIAL, CREMATION OR REMOVAL Place Catholic Cem Date 9/27/39

19. UNDERTAKER Address 3 E Eager St Balto Md

20. FILED Sept 26 1939 Mrs. Jas. Severe Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 26, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Sept. 26 1939

I last saw h.er alive on Sept 21 1939; deeth is said to have occurrad on the data stated ebova, at 2.15 p.m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importanco were es follows:

	Date of onset
Acute cardiac dilatation	9/1/39
Hypertension	

Other Contributory Causes of Importanca:

Generalized arteriosclerosis	5 yrs.

Name of operation Data of

What test confirmed diagnosis? Wes thare an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Whera did Injury occur? (Specify city or town, county and State)

Specify whether injury occurrad In INDUSTRY, In HOME, or In PUBLIC PLACE.

Mannar of Injury

Natura of Injury

24. Was disaase or injury in eny way releted to occupation of dacaasad? No

If so, spacify

(Signed) Thomas E Mattingly M. D.

(Address) 22 E. Read N.E. Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09162

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131)

County Prince George County Registration Dist. No. 227

Village or City Capitol Heights No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Conner If U. S. Veteran, specify WAR

(a) Residence: No. 207- 62nd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene A. Conner

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Leather worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington (State or country) D. C.

FATHER

13. NAME Michael Conner

14. BIRTHPLACE (city or town) Wash. (State or country) D. C.

MOTHER

15. MAIDEN NAME Catherine Fletcher

16. BIRTHPLACE (city or town) Wash. (State or country) D.C.

17. INFORMANT Mrs. Irene G. Conner. (Address) 207-62nd St.

18. BURIAL, CREMATION, OR REMOVAL Place Wash., D. C. Date Sept. 4, 1939

19. UNDERTAKER Wm. H. Saddo & Co. (Address) Wash. D. C.

20. FILED 9/1 —, 1939 Irene G. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1939, to Sept 1, 1939

I last saw him alive on Sept 1, 1939; death is said to have occurred on the date stated above, at 3.45 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	

Other Contributory Causes of importance:

Cerebral thrombosis	
Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James J. Bond M. D.

(Address) Forestville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

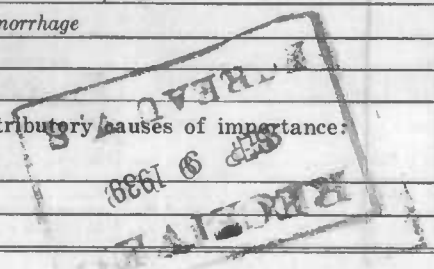
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09163

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

23

CERTIFICATE OF DEATH

Reg. Dist. No. 2 43

1. PLACE OF DEATH:

County Prince Georges, Md

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 26 days

Stay in this community (yrs., or mos., or days) 22 yrs in D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Wash. DC Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2277 - 8th St N.W

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Nellie Copening

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Jas Copening (deceased) 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5th 1900

8. AGE:

Years	Months	Days	If less than one day
38	9	13	hrs. min.

9. Birthplace Manassas Va (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Henry Norris
13. Birthplace Manassas Va.

MOTHER
14. Maiden name Lottie Cole
15. Birthplace Fairfax Va

16. Informant Deceased

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept. 19, 1939 (month) (day) (year)

Cemetery or crematory Manassas, Va.

Location

18. Funeral director Murray & Jamis

Address 12th & V St. NW

19. 9-19 1939 (Date rec'd by registrar) W L Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18th 1939, at 5 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 23 1939, to Sept 18 1939, and that I last saw her alive on Sept 19th 1939.

Immediate cause of death Pulmonary Tuberculosis

DURATION 9 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other

Address Glenn Dale Sanatorium Date signed

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09164

Reg. Diat. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1yr - 9 mos
Stay in this community (yrs., or mos., or days): 1 yr 9 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Distrct/Col County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4613 Meade St. N. E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: John Dabney

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife: alice Dabney
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 15, 1916

8. AGE:

Years	Months	Days	If less than one day
23	—	13	hrs. min.

9. Birthplace: Lynchburg Virginia
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: John Dabney
FATHER 13. Birthplace: Lynchburg Va
MOTHER 14. Maiden name: mary Wood
MOTHER 15. Birthplace: Virginia
16. Informant: deceased
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof 9/29-1939 (month) (day) (year)
Cemetery or crematory:
Location:
18. Funeral director: Johnson & Jenkins & Edwards
Address: 2053 - 9th St. N.W.
19. Sept 29 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 28 1939, at 12 00 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 21 1937, to Sept 28 1939
and that I last saw h[illegible] alive on Sept 28 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: Sept 28, 1939
Glenn Dale, md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09165

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Pro Georges County

City or town: North Brentwood Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pro Georges

City or town: North Brentwood Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 231 Highland ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida Elizabeth Dyce

3. (b) Social Security Number

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ed Dyce

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 20, 1879

8. AGE: Years: 60 Months: 6 Days: 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Dyer
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Unknown
15. Birthplace: North Carolina

16. Informant: Marie Wood
Address: 103 Rhode Island ave Brentwood Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 21, 1939 (month) (day) (year)

Cemetery or crematory: Washington D. Cl

Location

18. Funeral director: F Gasch's sons
Address: Hyattsville Md.

19. Sept. 20" 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-17-39 19 ____, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Sept 17 1939, and that I last saw her alive on Sept 17 1939.

Immediate cause of death: Pulmonary Oedema — DURATION: 1 day

Primary cause: Arteriosclerosis - O.W.S.R.

Due to: Duration: ten years.

Due to

Other conditions: Senile Anemia and Asthenia — 2 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Grant Lucas MD
M. D. or other
Address: 1738-15 St NW Washington DC
Date signed: 9-18-39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09165

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (8)

County Pr Geo Registration Dist. No. 239

WITHIN CORPORATE LIMITS — Village or City Laurel Md No. 223-9 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Boy Gray If U. S. Veteran, specify WAR ____

(a) Residence: No. 223 9th St., Ward ____ If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Sept 29 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Geo Robert Gray

14. BIRTHPLACE (city or town) (State or country) Wash. D. C.

MOTHER

15. MAIDEN NAME Louise Charlotte Curry

16. BIRTHPLACE (city or town) (State or country) Savage Md

17. INFORMANT ____ (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ____ Date ____, 19____

19. UNDERTAKER ____ (Address)

20. FILED Sept 30, 1939 M. Brashears Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 29, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1939 to Sept 29, 1939

I last saw him alive on Sept 28, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillbirth, prolapsed cord	9/29/39
Other Contributory Causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Robert L. McGarvey M. D.

(Address) Laurel Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1923*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1939
BUREAU V S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

09167

CERTIFICATE OF DEATH

Reg. Dist. No. 242

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Prince George

City or town: Fairmount Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 226- Fairview Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pr George

City or town: Fairmount Heights Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 226- Fairview Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William A Gross

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	widowed

6 (b) Name of husband or wife: Mary E. Bowman

Deceased 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 4, 1877

8. AGE:

Years	Months	Days	If less than one day
62	2	18	hrs. min.

9. Birthplace: Bryant Town, Queens Co., Md.
(Town, county, and state)

10. Usual occupation: Laborer - District Sanit

11. Industry or business: Street division

FATHER
12. Name: unknown
13. Birthplace: —

MOTHER
14. Maiden name: unknown
15. Birthplace: —

16. Informant: Gladys M. Gross

Address: 226- Fairview ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 26, 1939 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Washington D.C.

18. Funeral director: J. B. Johnson

Address: Washington

19. 9-24-1939 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 22 1939, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1939, to Sept 22 1939, and that I last saw him alive on Sept. 22 1939.

Immediate cause of death	DURATION
Rheumatic Endocarditis	3 mo
Rheumatic Fever	5 mo
Due to Acute Nephritis	1 mo
Due to	
Other conditions Inguinal Hernia	10 yr

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Harrison C. Belden M. D. or other

Address: Fairmount Heights Md. Date signed 9-22-39

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OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09168

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 19 mos & 10 days
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County: —
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1113 Rhode Island Ave, N.W
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Harper, Edgar
3. (b) Social Security Number: not given

4. Sex: male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Emma Harper
6(c) If alive, give age: not given years
7. Birth date of deceased (mo., day, yr.): February 11, 1911
8. AGE: Years: 28 yrs; Months: 7; Days: 17; If less than one day: — hrs. — min.
9. Birthplace: Smithfield, N. Ca (Town, county, and state)
10. Usual occupation: Porter
11. Industry or business: Union Station
FATHER
12. Name: Wilson Harper
13. Birthplace: not given
MOTHER
14. Maiden name: Hattie Smith
15. Birthplace: Enfield, N. Ca
16. Informant: Deceased
Address: above
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/1/39 (month) (day) (year)
Cemetery or crematory: Johnson County
Location: North Carolina
18. Funeral director: L. J. Langston
Address: 2304 Ga. Ave. N.W
19. 9/28 (Date rec'd by registrar) 1939 Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 28th 1939, at 2:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 18 1938, to September 28 1939, and that I last saw him alive on September 28, 1939.
Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2 yrs
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: Sept 28/39
Glenn Dale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09169

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131) Registration Dist. No. 245

County Prince George

Village or City Hyattsville. No. Sacred Heart Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Hildenbrand If U. S. Veteran, specify WAR ...

(a) Residence: No. 5336-29th St N.W. St., Ward ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~White~~ Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred

6. DATE OF BIRTH (month, day, and year): March 27, 1865 c

7. AGE: Years 74 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: George Simone

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unkown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Irvin R Koglin (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date 9/11/ ..., 19 39

19. UNDERTAKER: The S. H. Hines Co. (Address) 2901-14th St. N.W.

20. FILED Sept 11, 19 39 Mrs Jas. Severe Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept. 10th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2 1939, to Sept - 10, 1939

Last saw h.r alive on Sept - 9, 1939; death is said to have occurred on the date stated above, at 4:10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension - Chronic nephritis	
Cerebral Hemorrhage	
Duration is not stated.	
C.V.S.R.	

Other Contributory Causes of Importance: Arterio-sclerotic

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) C. Hunt Cox deLue M. D.

(Address) 3066 - Q - N.W. City

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

09170

Reg. Dist. No. 232

1. PLACE OF DEATH:
County Prince Georges
City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Upper Marlboro Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles Joseph Hill

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife Miriam Pennington Hill.
6(c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Feb. 28 1875

8. AGE: Years 64 | Months -6 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace Prince Georges County (Town, county, and state)
10. Usual occupation Clerk
11. Industry or business Race tracks.
FATHER 12. Name Chas. Hill.
13. Birthplace Maryland.
MOTHER 14. Maiden name Catherine Goyarty
15. Birthplace Ireland.
16. Informant Mrs Chas J. Hill
Address Upper Marlboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 29-39 (month) (day) (year)
Cemetery or crematory Trinity Episcopal.
Location Upper Marlboro, Md.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.
19. Sept 28 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 4:45 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Sept 27 1939, and that I last saw him alive on Sept 27 1939.

Immediate cause of death	DURATION
Angina Pectoris	4 hours
Due to Coronary Thrombosis and Coronary Sclerosis	unknown
Due to General Arterio-Sclerosis	unknown
Other conditions Moderate Hypertrophic Cirrhosis of liver. (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Paul C Van Natta M.D. M. D. or other
Address Bennings D.C. R#1 Date signed Sept 27 1939.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09171

CERTIFICATE OF DEATH (93-d)

Reg. Dist. No. 2-33

1. PLACE OF DEATH:
County Prince Georges
City or town Brandywine
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 69 - 1 - 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Brandywine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Llewellyn Halliday

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Hattie Halliday
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1870

8. AGE: Years	Months	Days	If less than one day
69	1	13	____ hrs. ____ min.

9. Birthplace Brandywine (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Tobacco
12. FATHER Name John F Halliday
13. FATHER Birthplace Maryland
14. MOTHER Maiden name Rose Berry
15. MOTHER Birthplace Maryland
16. Informant Hattie Halliday
Address Brandywine
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 18 1939 (month) (day) (year)
Cemetery or crematory St. Thomas Methodist
Location Bohemia, Md.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.
19. Sept 16 1939 (Date rec'd by registrar) Ernest W. Garner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939, at 5P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Acute Pulmonary Edema	
Due to Myocardosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Date signed 9-15-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 4 1933
BUREAU V. S.

09172

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 245

Village or City North Brentwood No. 400 Ivy St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Jeannette Holmes If U. S. Veteran, specify WAR

(a) Residence: No. 400 Ivy St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Married

5a. If married, widowed, or divorced [redacted] (or) WIFE of Frank LeRoy Holmes

6. DATE OF BIRTH (month, day, and year) June 3 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Storekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Store

10. Data deceased last worked at this occupation (month and year) 9-39 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Washington (State or country) D C

FATHER

13. NAME Knotterly Simms

14. BIRTHPLACE (city or town) Prince Geo. Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta Dickerson

16. BIRTHPLACE (city or town) Prince Geo. Co. (State or country) Maryland

17. INFORMANT Frank L. Holmes (Address) for Ivy St. N. Brentwood

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Sept 7, 1939

19. UNDERTAKER E. Gaede's Sons (Address) Hyattsville Md.

20. FILED Sept 6, 1939 Mrs. Jas. Devers Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 4 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1936 to Sept. 4, 1939

I last saw her alive on September 3, 1939; death is said to have occurred on the date stated above, at 12:20 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1936
Nephritis chronic	1937

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Spiller M. D.

(Address) Brentwood, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09173

STATE OF MARYLAND—CERTIFICATE OF DEATH

(159)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 236

Village or City Mitchellville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Theres Hutton If U. S. Veteran, specify WAR

(a) Residence: No. — St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word): single

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 27-39

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Data daceasad last worked at this occupation (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Mitchellville Md

(Stata or country) Pri. Geo. Co. Maryland

FATHER

13. NAME Ernest Eugene Hutton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Theresa Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nancy Brown

(Address) Mitchellville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Hill Farm Date Sept. 28, 1939

19. UNDERTAKER Ernest E. Hutton (Father)

(Address) Mitchellville Md

20. FILED Sept. 28, 1939 Effie B. Pumphrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from No Doctor in attendance

I last saw h aliva on , 19 ; death is said to have occurred on tha date stated above, at m.

Tho PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera as follows:

	Date of onset
Premature Birth	

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Data of injury , 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Effie B. Pumphrey Local Registrar

(Address) Mitchellville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLA[illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 8 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

C9174

243

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 10 mos. 27 days.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 757 Harbit Pl. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ellen Mabel Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife: Morris Johnson
6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): July 15 - 1916

8. AGE: Years	Months	Days	If less than one day
23	1	22	hrs. min.

9. Birthplace: Va.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: James Calloway
13. Birthplace: Va.

MOTHER
14. Maiden name: Adeline Brown
15. Birthplace: Va.

16. Informant: deceased.
Address

17. ~~(Burial, cremation, or removal. Which?)~~ Removal — Date thereof: 9-7-39 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director: James M. Miller
Address: 1702-12-N.W.

19. 9/7/ 1939 (Date rec'd by registrar) — Le V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 7 1939, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 10 1938, to Sept 7 1939, and that I last saw her alive on Sept 7 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	18 mos.
Pleurisy with effusion (right)	18 mos.
Due to	
Due to	
Other conditions: Spontaneous Pneumothorax (Right)	7 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium — Date signed: 9/7/39
Glenn Dale, Md.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (22)

09175

243

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 16 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: — County: District of Col.
City or town: Washington — Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)
Street No.: 2265 - 12th N.W.
(If rural give LOCATION)
2(a) If VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Herman Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Amelita Johnson
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov 18, 1915

8. AGE:

Years	Months	Days	If less than one day
23	9	16	____ hrs. ____ min.

9. Birthplace: Gradysville, Virginia (Town, county, and state)
10. Usual occupation: Cook
11. Industry or business:
FATHER — 12. Name: John Johnson
13. Birthplace: Virginia
MOTHER — 14. Maiden name: Lillie Stillman
15. Birthplace: Virginia
16. Informant: Deceased.
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof 9/4/39 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D.C.
18. Funeral director: L.E. Murray & Sons per J.T. Myles
Address: 2105 - 12th st / N.W., Wash., D.C.
19. Sept 4 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 3, 19 39, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 19 39 to Sept 3 19 39 and that I last saw h[illegible] alive on Sept 3 19 39.

Immediate cause of death	DURATION
Pulmonary tuberculosis	10 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium — Date signed 9/3/39
Glenn Dale, Md.

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09176

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (942)

County Prince Georges Registration Dist. No. 242

Village or City Maryland Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME April Maurice Johnston If U. S. Veteran, specify WAR

(a) Residence: No. 7431 Thomas Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hazel E. Johnson

6. DATE OF BIRTH (month, day, and year) Feb. 25th 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electrician

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. P.E.P. Co.

10. Date deceased last worked at this occupation (month and year) Aug 18/39 11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Conway South Carolina

FATHER

13. NAME John M. Johnston

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Orella Cooper

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hazel E. Johnston (Address) 7431 Thomas Ave

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Washington D. C. Date Sept. 4, 1939

19. UNDERTAKER W. W. Chamberlain Co (Address) 617-11th St. S.E. Wash D.C.

20. FILED Sept. 4th, 1939 Irene A. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1939, to September 4, 1939

I last saw him alive on September 4, 1939; death is said to have occurred on the date stated above, at 7.15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day ago.

Other Contributory Causes of importence:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Brannin M. D.

(Address) Capitol Heights, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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SEP 14 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09177

1. PLACE OF DEATH

County Prince Georges (46 E) Registration Dist. No. 245

WITHIN CORPORATE LIMITS OF

Village or City Hyattsville No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Jones If U. S. Veteran, specify WAR ____

(a) Residence: No. 65 Arundel Ave St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John W Jones

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 87 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ____ ff. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Barzilla Jones

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Louise Summalt

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John W. Jones Hyattsville Md

18. BURIAL, CREMATION, OR REMOVAL Place: Pearson Md Date: 9/18, 1939

19. UNDERTAKER (Address): H. J. Saltarelli 436-7th St SW

20. FILED Sept. 16, 1939 Mrs. Jas. Severe Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 26, 1939, to September 16, 1939

I last saw her alive on August 15, 1939; death is said to have occurred on the date stated above, at 11:05 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Natural causes	
Chronic Myocarditis	?

Other Contributory Causes of Importance: Carcinoma of Liver ???

Name of operation: None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) David S Claymar M. D.

(Address) 3628-34th St, Mt Rainier

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09178

1. PLACE OF DEATH (186a)

County Prince Georges County Registration Dist. No. 231

Village or City Bladensburg Maryland No. 110 Edmonston Road St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma W. Kammerer If U. S. Veteran, specify WAR .....

(a) Residence: No. 110 Edmonston Road St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto F. Kammerer

6. DATE OF BIRTH (month, day, and year) Dec 15/1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dec 15, 1873

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mittlestaebt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Edythe A. Berg N Decatur Heights Md.

18. BURIAL Tampa, Fla. Date Sept 16, 1939

19. UNDERTAKER (Address) F Gasch's Sons Hyattsville Md

20. FILED Sept 15, 1939 F. McNorgle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 31, 1939, to Sept 14, 1939

I last saw her alive on Sept 14, 1939; death is said to have occurred on the date stated above, at 9 50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other Contributory Causes of importance:

Accident Aug 31-39 - fell down stairs - no fractures

Stroke - residual paralysis left side 4 years

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? 110 Edmonston Rd (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Fell down stairs night

Nature of injury Contusion of occipito parietal junct.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) G. J. Hagerty M. D.

(Address) 23 Balto Blvd Cottage City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09179

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges County
City or town Capitol Heights
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State D. C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1203 - 11th St. N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edgar B Kidwell

3. (b) Social Security Number 578-18-5603

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Ella J. Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1870

8. AGE:

Years	Months	Days	If less than one day
69		1	hrs. min.

9. Birthplace Vienna, Fairfax Co., Va.
(Town, county, and state)
10. Usual occupation Motorman
11. Industry or business Cap. Traction Railway Co.
FATHER 12. Name John Kidwell
13. Birthplace Fairfax Co., Va.
MOTHER 14. Maiden name Martha A. Lynn
15. Birthplace Fairfax Co., Va.
16. Informant Wilbur E. Kidwell (son)
Address Vienna, Va.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept 2-39. (month) (day) (year)
Cemetery or crematory Oakton Cemetery, Va
Location 9-5-1939.
18. Funeral director W. W. Chambers Co.
Address 1400 Chapin St. Wash D.C.
19. 9-2 1939 Irene A. Bonner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1939, at 6 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

	CURATION
Immediate cause of death Acute Congestive heart failure	
Due to Myocardosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Bonner M. D. or other
Address Forestville Md Date signed 9-2-39

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BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09180

1. PLACE OF DEATH (93d)

County Prince George Registration Dist. No. 231

Village or City Vista No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ✓ yrs. mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bruce Mackiler King

(a) Residence: No. 1717 Swan St. NW St., Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State ✓

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys King

6. DATE OF BIRTH (month, day, and year): Dec 3, 1901

7. AGE: Years 38 | Months 8 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: waiter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 2 weeks

11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (city or town) (State or country): Toronto Canada

FATHER

13. NAME: Henry F King

14. BIRTHPLACE (city or town) (State or country): Stratford Ontario, Canada

MOTHER

15. MAIDEN NAME: Lucille Mackiler

16. BIRTHPLACE (city or town) (State or country): Nova Scotia

17. INFORMANT (Address): Caroline Foreman Vista Md

18. BURIAL, CREMATION, OR REMOVAL Place: Washington D.C. Date: Sept 27, 1939

19. UNDERTAKER (Address): L. Gasch's Sons Hyattsville Md

20. FILED: Sept 27, 1939 F. Mrs Norgle. LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Myocardosis

Date of onset

Other Contributory Causes of Importance: Acute Congestive Heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James J. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(159)

09181

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince Georges
City or town Bentwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 234 Highland ave
Stay in hospital or inst. (yrs., or mos., or days) 3 months 2 days
Stay in this community (yrs., or mos., or days) 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Bentwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 234 Highland ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Alfonso Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1939

8. AGE: Years | Months 3 | Days 9 | If less than one day hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation none

11. Industry or business –

FATHER
12. Name Richard A Lewis
13. Birthplace Maryland

MOTHER
14. Maiden name Mattie Lancaster
15. Birthplace Hyattsville Md

16. Informant Mattie Lewis
Address 234 Highland ave, Bentwood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 10 1939 (month) (day) (year)
Cemetery or crematory Baptist Cemetery
Location Near Bladensburg Md.

18. Funeral director F. Gasch's Sons
Address Hyattsville Md.

19. Sept 10" 1939 (Date rec'd by registrar) Jas. Deere Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1939, at 5.50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Acute inanition fever: Premature birth. Was treated at hospital until September 3rd, 1939, when he was released to family. Duration: one week.

Due to Dietary difficulties C.W.G.R. Improper feeding. Family changed feeding formula.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other
Address Forestville Md Date signed 9-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09182

1. PLACE OF DEATH

County Prince George's (95-E) Registration Dist. No. 245

Village or City Brentwood, Maryland No. Brentwood Sanatorium St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Love, Thomas Sherwood (Love) If U. S. Veteran, specify WAR

(a) Residence: No. 5005-7th Place, N.W. St., Ward. Washington, D.C.
Washington, D.C. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Virginic Caroline Myers

6. DATE OF BIRTH (month, day, and year) 1865-June 24

7. AGE: 74 Years " Months 2 " Days 13 " If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Foreman
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Wash. Gaslight Co.
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER
13. NAME Love, Thomas
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Sherwood, Frances
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Love Clark
(Address) 5005-7th Place, NW Wash, DC

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Creek Cemetary Date September 9th, 1939
Washington D.C.

19. UNDERTAKER Hines S.H.
(Address) 2901-14th St., N.W.

20. FILED Sept 7, 1939 James Sevy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 7th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 4th, 1939, to September 7th, 1939.
I last saw him alive on September 7th, 1939; death is said to have occurred on the date stated above, at 6:42 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congestive heart failure;	
hypertension	

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Raymond B. Foxwell M. D.
(Address) 3916 Rt Ave Brentwood Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09183

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (206-9) CB

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town Landover

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State N.C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3221-12th St NE

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME James Joseph McCarron

3. (b) Social Security Number

4. Sex male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary W McCarron

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1908

8. AGE: Years 31 Months 5 Days 19 If less than one day hrs. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Real Estate

FATHER 12. Name John Francis McCarron

13. Birthplace Missouri

MOTHER 14. Maiden name Elizabeth Jordan

15. Birthplace Ill.

16. Informant Mrs Elizabeth McCarron

Address 3221-12th St NE NC

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept 20, 1939 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director Francis Gasch's Sons.

Address Hyattsville, Md.

19. Sept 20 1939 (Date rec'd by registrar) F Mrs Norgle. LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1939, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Body cut in half transversely at level of umbilicus

Due to auto mobile colliding with a train

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9-20-39

Where did injury occur Landover (City or town) Prince Georges (County) Md (State)

Injured at home, farm, industry, public place (where?) Road Crossing

Means of injury Injured at work? no

23. SIGNATURE James I. Boyd M.D. or other

Address Forestville Md Date signed 9-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09184

(131)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 242

Village or City Hillside No. Townsend ave + Ast St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Everett A Mero If U. S. Veteran, specify WAR .....

(a) Residence: No. Townsend ave + A St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed Eliz Mero

6. DATE OF BIRTH (month, day, and year) Mar 12 – 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Guard Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. War Dept

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Me.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Scotland Ma.

MOTHER

15. MAIDEN NAME Hannah Clark

16. BIRTHPLACE (city or town) (State or country) Me.

17. INFORMANT Mrs W. Donnell (Address) 5 Townsend ave Hillside Md.

18. BURIAL, CREMATION, OR REMOVAL Place Prince Georg Co. Date Sept 16, 1939

19. UNDERTAKER W W Chambers Co. (Address) 517-11 st, SE.

20. FILED 9-14, 1939 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sep (Month) 13th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1939, to Sep 13th, 1939

I last saw him alive on Sep 12th, 1939; death is said to have occurred on the date stated above, at 10.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?

Other Contributory Causes of Importance:

Arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Arthur N. Meloy M. D.

(Address) 4400 Bowen Rd. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09185

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE... Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges — Registration Dist. No. 231

Village or City near Hyattsville — No. Mothers Inn Rest Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 4 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Timothy O'Connor — If U. S. Veteran, specify WAR —

(a) Residence: No. Hyattsville Md R.F.D. St., Ward. Mothers Inn Rest Home

(Usual place of abode) If non-resident give city or town and State

1425 23rd St. N.W. Wash. D.C.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, dey, and year) February 24, 1858

7. AGE	Years	Months	Days	If LESS then 1 dey, ____ hrs. or ____ min.
	81	7	—	

OCCUPATION

8. Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. Contractor - retired

9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc. Building &c

10. Date deceased last worked at this occupation (month and year) 1931

11. Totel time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Washington, D.C. (State or country)

FATHER

13. NAME Daniel O'Connor

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Jehroma Crowley

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Lillie Gray Burgess (Address) Hyattsville Md R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC. Date Sept-24 1939

19. UNDERTAKER Wm J. Malloy (Address) 522 B 1st St. S.E. Wash. DC.

20. FILED Sept 24 19 39 F. Mc Yeagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 24 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1939, to September 24 1939

I last saw him alive on March, 19 ; death is said to have occurred on the date steted ebove, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:

	Date of onset
Apoplexy	Sept 24 1939
Other Contributory Causes of Importance:	
Chronic Myocarditis	Several years
Arteriosclerosis	

Neme of operation — Date of —

Whet test confirmed diegnosis? — Wes there an autopsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury —

Nature of injury —

24. Was diseese or injury in any way releted to occupation of deceased? No

If so, specify

(Signed) Wm. Allen Griffeths M. D.

(Address) Berwyn, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09186

(131)

1. PLACE OF DEATH

County Prince Geo Co. Registration Dist. No. 239

Village or City Laurel Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foraign birth? yrs. mos. ds.

WITHIN CORPORATE LIMITS OF

2. FULL NAME Alvin Phelps If U. S. Veteran, specify WAR

(a) Residence: No. 117 Washington Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

5a. If merriad, widowad, or divorcad HUSBAND of (or) WIFE of: Mary Phelps.

6. DATE OF BIRTH (month, day, and yaar): Jan 13-1847

7. AGE: Yaars 92 Months 8 Days 4 If LESS than 1 dey, hrs. or min.

OCCUPATION

8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.: Carpenter

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceased last workad et this occupation (month and yeer): 16 yrs

11. Total tima (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Laurel Md.

FATHER

13. NAME: Wm Phelps.

14. BIRTHPLACE (city or town) (Stata or country): B. B. Co.

MOTHER

15. MAIDEN NAME: Angeline Phaney

16. BIRTHPLACE (city or town) (State or country): B. B. Co.

17. INFORMANT (Addrass): W. C. White Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Ivy Hill Date: Sept 20, 1939

19. UNDERTAKER (Addrass): The W. C. White Co. Inc Laurel Md

20. FILED: Sept 20, 1939 M. Brashear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I ettended deceased from 5-15, 1939, to 9-17-, 1939

I last saw h alive on Sept 17, 1939; death is seld to have occurrad on tha date statad above, at 7:50 p.m.

Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular renal dis.	5-15-39

Other Contributory Causes of importance:

Name of operation Dete of

Whet test confirmed diegnosis? Was there en autopsy? No

23. If deeth was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in any way ralatad to occupation of deceesed? No

If so, spacify

(Signed) J. M. Warren M. D.

(Address) Laurel Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09187

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (151)

County Prince Georges. Registration Dist. No. 942

Village or City Largo. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ponger If U. S. Veteran, specify WAR

(a) Residence: No. Largo St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Ponger

6. DATE OF BIRTH (month, day, and year) ✓ 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ✓

FATHER

13. NAME Thomas Freelan

14. BIRTHPLACE (city or town) (State or country) St Marys

MOTHER

15. MAIDEN NAME Rosetta (unknown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Washington (Address) Landover P. O.

18. BURIAL, CREMATION, OR REMOVAL Place Glenarden Date 9-15 1939

19. UNDERTAKER B. Simpson (Address) Annapolis Md

20. FILED 9-14 1939 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 12 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 ; death is said to have occurred on the date stated above, at 4:15 P. M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	

Other **Contributory Causes** of importance:

Cerebral hemorrhage Uremia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) filt in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James J. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09188

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92-C

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: Prince Georges

City or town: Berwyn Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Berwyn Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Emma Virginia Price

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of ~~husband~~ or wife: John H. Price

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 5, 1850

8. AGE: Years 89 | Months 4 | Days 0 | If less than one day ___ hrs. ___ min.

9. Birthplace: Berwyn Heights, Md
(Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business: General nursing

FATHER
12. Name: Hiram Goodland
13. Birthplace: —

MOTHER
14. Maiden name: — Evans
15. Birthplace: —

16. Informant: Sallie E. Taylor
Address: Berwyn, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept 8/1939 (month) (day) (year)

Cemetery or crematory: Stevens Cemetery Eastern Shore Md

Location: Kent Island - Eastern Shore Md

18. Funeral director: F. Gasch's sons
Address: Hyattsville Md

19. Sept 6 1939 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 5 1939, at 8 a.m. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to Sept. 5 1939, and that I last saw her alive on August 30 1939.

Immediate cause of death: Chronic Myocarditis

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION: Several years; Several years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? —

23. SIGNATURE: W. Allen Griffith M. D. or other

Address: Berwyn, Md Date signed 9/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09189

1. PLACE OF DEATH

County Prince George's Registration Dist. No. 230

Village or City Greenbelt No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur T. Remick

(a) Residence: No. St., Ward. Trenton, Illinois

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 8, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	22	

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Architect

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed last worked et this occupation (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME C. F. Remick

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Kate E. Eisenmayer

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Andrew B. Remick (Address) Tre nton Illinois

18. ~~BURIAL, CREMATION~~, OR REMOVAL Place Washington, D.C. Date 9-30-39, 19

Sels Funeral Home

19. UNDERTAKER (Address) ~~Washington, D.C.~~ Washington, D.C.

20. FILED Oct-1-, 1939 John T. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 30 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, Thet I attended deceased from , 19, to , 19

I last saw h alive on , 19; deeth is said to have occurred on tha date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows: Date of onset

myocardosis

Other Contributory Causes of Importance:

acute congestive heart failure

Neme of operation Oate of

Whet test confirmed diagnosis? Was thare an autopsy? no

23. If death was dua to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Oate of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in eny way ralated to occupation of deceased? no

If so, specify

(Signed) James I. Boyd M. D.

(Address) Forestville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-d

09190

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

WITHIN CORPORATE LIMITS OF

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. Geo.

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2 Grove

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Riggs

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Riggs

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1877

8. AGE: Years 62 | Months 7 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace: Mississippi (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Patric McCusher

13. Birthplace: Ireland

MOTHER

14. Maiden name: Unknown

15. Birthplace: Ireland

16. Informant: Clinton O Raymond

Address: Hyattsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 21, 1939 (month) (day) (year)

Cemetery or crematory: National Capitol Park

Location: M uirkirk Maryland

18. Funeral director: F. Gasch's Sons

Address: Hyattsville Maryland

19. Sept 20 1939 (Date rec'd by registrar) Jas Seary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1939, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Acute congestive heart failure

Due to: Myocardosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 9-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09191

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1yr 11 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Wash D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 497 Caseys Court S.W.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR: ✓

3. (a) FULL NAME: Martha Riley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife: Elmer Riley

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 23, 1911

8. AGE: Years	Months	Days	If less than one day
27	11	11	hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Maid
11. Industry or business:
FATHER 12. Name: John Freeds
FATHER 13. Birthplace: Virginia
MOTHER 14. Maiden name: Lizzie Lewis
MOTHER 15. Birthplace: Virginia
16. Informant: Husband
Address: 477 Caseys Court S.W. Wash D.C.
17. Cremated (Burial, cremation, or removal. Which?) Date thereof Sept. 16/1939 (month) (day) (year)
Cemetery or crematory: Mt. Zion Cemetery
Location: Wash. D.C.
18. Funeral director: E Ford
Address: 1300 S Capitol St
19. Sept 11 1939 (Date rec'd by registrar) W L Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15th 1939, at 2 25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 30th 1939, to Sept 11th 1939, and that I last saw h alive on Sept 11th 1939.

Immediate cause of death	DURATION
Pulmonary Hemorrhage	2 days
Due to Pulmonary Tuberculosis	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Pinucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09192

1. PLACE OF DEATH (1860)

County Prince Georges Registration Dist. No. 242

Village or City Seat Pleasant No. 715 Central Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George William Roberts If U. S. Veteran, specify WAR

(a) Residence: No. 715 Central Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie Elizabeth Roberts

6. DATE OF BIRTH (month, day, and year): July 28, 1878

7. AGE: Years 6 Months 1 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Houses

10. Date deceased last worked at this occupation (month and year): Sept 9, 1939

11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (city or town) (State or country): Bellsville Maryland

FATHER

13. NAME: George H. Roberts

14. BIRTHPLACE (city or town) (State or country): Monty Co. Md

MOTHER

15. MAIDEN NAME: Hannah Weddle

16. BIRTHPLACE (city or town) (State or country): Monty Co. Md.

17. INFORMANT (Address): Marvin Roberts Box 96 RFD #1 Bennings DC

18. BURIAL, CREMATION, OR REMOVAL Place: Cedar Hill Cemetery Date: 9-27, 1939

19. UNDERTAKER (Address): W W Chauncey Co 517-11 St S.E.

20. FILED: 9-24, 1939 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1939, to September 24, 1939 I last saw him alive on September 24, 1939; death is said to have occurred on the date stated above, at 3:10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 24, 1939
Fractured right hip	Sept 6, 1939
Fractured 8th Right Rib	Sept 6, 1939

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 6 1939

Where did injury occur? 1119-44th Place SE, Wash, DC. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Industry

Manner of injury: Fall from scaffold

Nature of injury: fractured hip & rib

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) William Brannin M. D.

(Address) 324 Central Ave, Capitol Hgts, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 8 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09193

1. PLACE OF DEATH

County Prince Georges (75) Registration Dist. No. 232

Village or City Oak Grove No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas Robertson

(a) Residence: No. Oak Grove St., ____ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	not known

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) North Carolina (State or country)

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) unk. (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) unk. (State or country)

17. INFORMANT John Dent (Address) Upper Marlboro

18. BURIAL, CREMATION, OR REMOVAL Ritchie, Md. Date 9/30, 1939

19. UNDERTAKER Ritchie Bros. (Address) Upper Marlboro, Md.

20. FILED Sept 19, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said ~~to have occurred on the date stated above~~ Found, at 6:25 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Found side of road
Acute Cardiac Dilatation
Alcoholism

Date of onset

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Harry Walley M.D. M. D.

(Address) Mt Warren Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Harrison C. Beldon
Fairmount Heights

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

09194

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:
County Pr. Georges Co.
City or town Huntsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo. Co.
City or town Huntsville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. P.O. Landover, Maryland.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shirley Ann Robinson

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) ~~Aug 29~~ April 25 1939

8. AGE: Years — Months 4 Days 19 If less than one day ____ hrs. ____ min.

9. Birthplace Huntsville Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name Louis Robinson
13. Birthplace Pr. Geo Co. Maryland.
MOTHER
14. Maiden name Annie Proctor
15. Birthplace Pr. Geo. Co. Maryland.
16. Informant Louis Robinson
Address Landover Md. R.I.D.
17. ____ (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director
Address
19. Sept-5- 1939. (Date rec'd by registrar) Thos D Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1939, at 11:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1939, to Sept 4 1939, and that I last saw her alive on Sept 3 1939.

Immediate cause of death	DURATION
acute catarrhal gastro enteritis	1 week.
Due to	
Due to	
Other conditions Dehydration acidosis (Include pregnancy within 3 months of death)	1 week.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Sirit Ritchie M. D. or other
Address Rte. 1 Benning St. D.C. Date signed Sept 5 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change date of birth see form filed under Ritchie in permanent file. 1/3/40. Also see birth cert. filed under Apr. 25, 1939.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09195

1. PLACE OF DEATH (82a)

County Pro George's Registration Dist. No. 245

WITHIN CORPORATE LIMITS OF

Village or City Hyattsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Mattingly Rogers If U. S. Veteran, specify WAR

(a) Residence: No. #19 Johnson Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Rogers

6. DATE OF BIRTH (month, day, and year) Jan 20 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME John H Mattingly

14. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER

15. MAIDEN NAME Mollie F Bowey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Frances M Sands

18. BURIAL, CREMATION, OR REMOVAL Place Washington D C Date Sept 16, 1939

19. UNDERTAKER (Address) L Gaschi Sons Hyattsville Md

20. FILED Sept. 15, 1939 Mrs. Jas. Devere Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 14 / 39, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to Sept 14, 1939

I last saw h alive on Sept 14, 1939; death is said to have occurred on the date stated above, at A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	July 29

Other Contributory Causes of importance:

H B P many years at least 10

Name of operation ( ) Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address) Hyattsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09196

(210-M)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 240

Village or City T. B. No. Road from T.B. Delaware St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Arthur K. Roth

(a) Residence: No. Brandywine St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jean Roth

6. DATE OF BIRTH (month, day, and year) Feb-15-1914

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	25	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept 17/39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fresthurg Md.

FATHER

13. NAME George Roth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah E. Griffith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs. Arthur K. Roth Brandywine Md

18. BURIAL, CREMATION, OR REMOVAL Place Burial Md Date 9/20, 1939

Cedar Hill

19. UNDERTAKER (Address) Hunts & Ryan Waldorf Md

20. FILED Sept 18 1939 F. H. Billingsley local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hemmorrhage — Extensive	
Jugular Veins and	
Automobile accident	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

Whet test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any wey related to occupation of deceased? ___

If so, specify ___

(Signed) Harry Walley M.D. M. D.

(Address) Port Tobacco Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09197

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: College Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Georges
City or town: College Park Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Christina Elizabeth Schneider

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John A. Schneider
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): September 1, 1850

8. AGE:

Years	Months	Days	If less than one day
89	0	23	hrs. min.

9. Birthplace: New York, N.Y. (town, county, and state)
10. Usual occupation: Housewife — retired.
11. Industry or business: at home.

FATHER
12. Name: Adam Leininger
13. Birthplace: Germany

MOTHER
14. Maiden name: Elizabeth Bellinger
15. Birthplace: Germany

16. Informant: Mrs. Charlotte L. Jones
Address: 443 Randolph St. N.W. Wash., D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 26, 1939 (month) (day) (year)
Cemetery or crematory: Prospect Hill
Location: Washington, D. C.

18. Funeral director: H. W. Chambers
Address: 918 Cleveland Ave., Rockville Md.

19. Sept 25 1939 (Date rec'd by registrar) John S. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 23 1939, at 2:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20 1939 to September 30 1939, and that I last saw h— alive on September 23 1939.

Immediate cause of death: Chronic Myocarditis — DURATION: Several years
Due to:
Due to:
Other conditions: Senility — Several years
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: W. Allen Grafton, M. D. or other
Address: Berwyn, Md. Date: Sept 24 1939

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09198

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George's County

WITHIN CORPORATE LIMITS OF

City or town Hyattsville Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 20 Arundle ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Georges

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 Arundle Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Etson I Small

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife Florence Maria Small

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 14, 1874

8. AGE:

Years	Months	Days	If less than one day
65 years	—	18	hrs. min.

9. Birthplace Brooklyn New York (Town, county, and state)

10. Usual occupation Retired - Lieutenant Col from U.S. army

11. Industry or business

FATHER 12. Name Etson I. Small

13. Birthplace Massachusetts

MOTHER 14. Maiden name Harriet Roberts

15. Birthplace Massachusetts

16. Informant Maria F Small

Address 20 Arundle ave - Hyattsville Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept 4/1939. (month) (day) (year)

Cemetery or crematory Evergreens Cemetery

Location Brooklyn New York

18. Funeral director F Gasch's Sons

Address Hyattsville Md

19. Sept. 3" 1939 Mrs. Jas. Severe Deputy Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1939, at 09 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1939 to Sept 2 1939, and that I last saw him alive on Aug 14 - 1939.

Immediate cause of death Myocarditis — DURATION 3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Tennant Hays M. D. or other

Address Hyattsville Md Date signed 9-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09199

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges — Registration Dist. No. 238

Village or City Ft. Foot (Anacostia R 2) — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Infant of Edward & Mary Smith

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female / Male — 4. COLOR OR RACE: Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) Sept 29-39

7. AGE: Years | Months | Days | If LESS than 1 day ____ hrs. or ____ min.

born dead

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Foote (Anacostia R 2) (State or country)

FATHER

13. NAME Edward Smith

14. BIRTHPLACE (city or town) Benedict (State or country) Md

MOTHER

15. MAIDEN NAME Daisy Poulson

16. BIRTHPLACE (city or town) Benedict (State or country) Md

17. INFORMANT Edward Smith (Address) Benedict, Md

18. BURIAL, CREMATION, OR REMOVAL

Place ____ Date ____, 19____

19. UNDERTAKER ____ (Address)

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 29 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
born dead	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) John E. Powers M. D.

(Address) Brandywine, Md

LOCAL REGISTRAR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09280

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges County Registration Dist. No. 245

Village or City Riverdale Maryland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry L. Smith

(a) Residence: No. 423 Washington Ave St., Riverdale Ward, Maryland.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret T. Smith

6. DATE OF BIRTH (month, day, and year): July 21, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77 years	--2	--2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: U.S. Dept. of Labor

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Henry T. Smith

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Mc Ardle

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Geo Williams

(Address): Upper Marlboro Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington D. C. Date: Sept 25, 19 1939

19. UNDERTAKER: F. Gasch's Sons

(Address): Hyattsville Maryland.

20. FILED: Sept 24, 19 39 Mrs. Jas. Severe Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mrs Smith, 1938, to Sept 23, 1939

I last saw him alive on Sept 23, 1939; death is said to have occurred on the date stated above, at 7.30 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Cardiac dilatation	
Other **Contributory Causes** of importance:	
Bronchopneumonia	

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) M. J. Keane M. D.

(Address) Riverdale Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09201

STATE OF MARYLAND—CERTIFICATE OF DEATH

(51-C)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 230

Village or City Hollywood Bescoyn R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Pinckney Taylor If U. S. Veteran, specify WAR

(a) Residence: No. Hollywood St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Annie E. D. Taylor

6. DATE OF BIRTH (month, day, and year) Nov 1, 1869

7. AGE: Years 69 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James E. Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Johanna Ryan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Annie E. D. Taylor Bescoyn R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Beltsville Md Date 9-13, 1939

19. UNDERTAKER (Address) W. W. Chambers Co Riverdale Md.

20. FILED Sept-13-, 1939 John D. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 10th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1939, to Sept 10, 1939

I last saw him alive on Sept 10, 1939; death is said to have occurred on the date stated above, at 3.40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	2 yrs +

Other Contributory Causes of importance:

Name of operation Cystotomy Date of 1937

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Bescoyn

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23) (MB) 09202

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Prince Georges.
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatarium
Stay in hospital or inst. (yrs., or mos., or days): 3 days.
Stay in this community (yrs., or mos., or days): 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington - D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 205 D St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Tresvant

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	C	single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 14 - 1909

8. AGE: Years	Months	Days	If less than one day
30	4	9.	hrs. min.

9. Birthplace: Georgia
(Town, county, and state)
10. Usual occupation: Truck driver
11. Industry or business:
FATHER 12. Name: Charles Tresvant
FATHER 13. Birthplace: Georgia.
MOTHER 14. Maiden name: Sarah ?
MOTHER 15. Birthplace: Georgia
16. Informant: deceased.
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof Sept. 23 1939 (month) (day) (year)
Cemetery or crematory:
Location:
16. Funeral director: M.J. Malvan.
Address: 424 @ St NW
19. Sept 25 1939 (Date rec'd by registrar) Les V. Allwide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 23 1939, at 3:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1939, to Sept 23 1939, and that I last saw him alive on Sept 23 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis.	12/1938
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 9/25/39
Glenn Dale, Md.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09203

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (23)

County Prince George Registration Dist. No. 234

Village or City Fort Foote No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Deliah Rebecca Webster If U. S. Veteran, specify WAR

(a) Residence: No. Fort Foote St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Webster

6. DATE OF BIRTH (month, day, and year) Jan 10 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fort Washington (State or country) Md.

FATHER

13. NAME William Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara Jensendaffer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Nettie Swyft (Address) Fort Foote Md.

18. BURIAL, CREMATION, OR REMOVAL St Johns Broad Creek Md Date Sept 26, 1939

19. UNDERTAKER Thomas F. Murray (Address) 2007 Nichols ave S.E.

20. FILED Sept 25, 1939 Mrs. Alton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1937, to Sept 1939

I last saw h.. alive on Sept 23 1939; death is said to have occurred on the date stated above, at 10:25 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Galloping Pulmonary Tuberculosis	
Other Contributory Causes of Importance: Cardiac weakness	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Schwartzman M. D.

(Address) 2015 Nichols ave S.E.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 6 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09204

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (93C)

County Prince Georges Registration Dist. No. 231

Village or City Cottage City — No. 22 Spa St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME LILLIAN WEIDMAN If U. S. Veteran, specify WAR ____

(a) Residence: No. 22 SPA ST St., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Godfrey F Waidman

6. DATE OF BIRTH (month, day, and year) Aug 25, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
66 years	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Tennessee (State or country)

FATHER

13. NAME John Schrom

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Mary Sobder

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Jesse Waidman & son (Address) Cottage City Md

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Glenwood Cem Date Oct 3, 1939

19. UNDERTAKER F Gascha Sons (Address) Hyattsville Md

20. FILED Oct 2, 1939 F Wm Monyte Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH SEPTEMBER 30, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 20, 1939, to SEPT. 30, 1939

I last saw her alive on SEPT. 30, 1939; death is said to have occurred on the date stated above, at 5:19 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
HYPERTENSION	?
CHRONIC MYOCARDITIS	?
CEREBRAL HEMORRHAGE ??	SEPT 26/39

Other Contributory Causes of Importance:

Name of operation NONE Date of ____

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify ____

(Signed) D. S. Clayman M. D.

(Address) 3628-34th St MT. RAINIER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

09205

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Hyattsville R.D. Pr. Geo Co.
City or town: (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.D.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: No Name Still Born Infant White

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept-30/39 1:20 a.m.

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace: Hyattsville R.D.
(Town, county, and state)
10. Usual occupation: 0
11. Industry or business: 0

FATHER
12. Name: John J White
13. Birthplace: Mitchellville

MOTHER
14. Maiden name: Mable Carter
15. Birthplace: St-Marys Co Burkwood P.O.

16. Informant:
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 3 1939 (month) (day) (year)
Cemetery or crematory: Methodist Cemetery
Location: Bladensburg Md.

18. Funeral director: F Gasch's Sons
Address: Hyattsville Md.

19. Oct. 3" (Date rec'd by registrar) 1939 Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept-30/39 Still Born 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept-30 1939 to Sept-30 1939, and that I last saw her alive on Sept-30 1939.

Immediate cause of death	DURATION
Strangulation of Cord	
Due to Pneumonia	
Due to Twins	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C A Bennett M.D.
M. D. or other
Address: Riverdale Date signed Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09206
243

Reg. Dist. No.

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 8 yrs, 8 mos 2 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4712 5th St N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: John Yates

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Della Yates
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 15, 1866
8. AGE: Years 73 | Months 3 | Days 23 | If less than one day ____ hrs. ____ min.
9. Birthplace: Indiana (Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business:
FATHER 12. Name: John H. Yates
13. Birthplace: Indiana
MOTHER 14. Maiden name: Ann Russell
15. Birthplace: Indiana
16. Informant: Deceased
Address:
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Sept 8, 1939 (month) (day) (year)
Cemetery or crematory:
Location:
18. Funeral director: Neal Funeral Home
Address: 4812 Georgia ave N.W. Wash DC
19. Sept 8 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 7, 1939, at 11:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5, 1931, to Sept 7, 1939, and that I last saw h 1 M alive on Sept 7, 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 8 yrs.
Due to:
Due to:
Other conditions: arteriosclerotic heart disease with decompensation — 5 months
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Pulmonary tuberculosis; cardiac decompensation

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Pinucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 9/7/39
Glenn Dale, Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.